



MITCHELL E. DANIELS, Jr., Governor

## STATE OF INDIANA

State Form 52462 (12-05)

DEPARTMENT OF HOMELAND SECURITY

J. ERIC DIETZ, EXECUTIVE DIRECTOR

Indiana Government Center South  
302 West Washington Street  
Indianapolis, IN 46204  
317-232-3980

### EMT-BASIC-ADVANCED APPLICATION FOR RECIPROCITY

Applicant's Name \_\_\_\_\_  
(Last) (First) (Middle)

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone # (Day) \_\_\_\_\_ \* I.D.# \_\_\_\_\_ Birth Date \_\_\_\_\_

\* Please provide either your Driver's License Number or State Identification Number.

Applicants for basic-advanced emergency medical technician certification based upon reciprocity shall and meet the following requirements:

1. Be affiliated with an Indiana certified advanced emergency medical technician provider organization or supervising hospital.
2. Possess a valid certificate or license as a basic-advanced emergency medical technician or equivalent from another state.
3. Successfully passed the Indiana basic-advanced emergency medical technician written and practical skills examinations as set forth and approved by the commission.

Application for certification shall be postmarked or delivered to the commission office within six (6) months of the request for reciprocity.

1. Please attach a copy of the course outline and all evidence that you completed an approved U.S. Department of Transportation Training Course for the Intermediate 85 Emergency Medical Technician. Also include a copy of your current State Intermediate EMT Certification.
2. Provide proof of training for use of a manual defibrillator.

3.. In what state are you currently certified? \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been charged or convicted of a crime other than minor traffic violations? ☐ Yes ☐ No

I understand that if I am approved for reciprocity by the State of Indiana I will be required to successfully complete the Basic-Advanced EMT Practical and Written Examinations prior to submitting an application for certification.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

Certification Supervisor, Indiana Department of Homeland Security  
302 West Washington, Room E239, Indianapolis, IN 46204  
Questions? Please call us at 1-800-666-7784